Treatment of Low Bone Density or Osteoporosis to Prevent Fracture

What is low bone density and osteoporosis?
Osteoporosis is a disease that causes bone loss, which leads to weakened bones and makes it easier for them to break or have fractures. You may be at higher risk for osteoporosis if you:
- Are a woman older than 65.
- Are a man older than 70.
- Are not active. People who are not active move very little. For example, they rarely walk, climb stairs, do housework, or garden.
- Have a low body weight.
- Are a current smoker.
- Drink more than 3 alcoholic drinks per day.
- Have low vitamin D or calcium levels.

Your doctor can check your bone density using a test called dual-energy absorptiometry, or a DXA scan. This test takes pictures of your bones. You do not need this scan until you are older than 65.

If your DXA results are below a certain number, your doctor may diagnose you with osteoporosis and you may need treatment.

It is possible to have weakened bones but not osteoporosis. This is called low bone density and may also require treatment. Sometimes low bone density is called osteopenia.

How did the American College of Physicians (ACP) develop these guidelines?
The authors looked at studies related to the treatment of low bone density and osteoporosis in men and women. They then chose the best treatment options based on the results of the studies. The best treatment options were shown to prevent broken bones.

What does ACP recommend that patients and doctors do?
Doctors should prescribe bisphosphonates to women with osteoporosis. These medicines can include alendronate, risedronate, zoledronic acid, or denosumab.
Doctors should also prescribe bisphosphonates to men with osteoporosis.
Doctors should treat patients with osteoporosis for 5 years. During this time, additional DXA scans are not needed. After 5 years of treatment, DXA scans may be repeated and your treatment may change.
Doctors should not use menopausal estrogen, menopausal estrogen plus progestogen, or raloxifene therapy to treat osteoporosis.
Doctors and patients should discuss the benefits, harms, and costs of all treatment options. Patient preferences and risk for broken bones should also be discussed when considering treatment.

Questions for my doctor
- Will my osteoporosis ever go away?
- How can I stop my low bone density from becoming osteoporosis?
- What happens if I stop taking the medicine?
- Should I take calcium or vitamin D supplements?
- Can I still do the things I like to do?
- Should I make changes to my diet?
- Can I still take my other medicines?
- What can I do to prevent falls?
- What types of side effects does the medicine have?
- How much will the medicine cost?